

# **EXHIBIT 155**

**Target Drug Good Faith Dispensing Checklist****Steps for Technician to Complete****Patient Name:****Rx #****Date:****Please select drug & provide strength (tablets/capsules only):**

Oxycodone \_\_\_\_\_ Hydromorphone \_\_\_\_\_ Methadone \_\_\_\_\_ Other (optional - district specific) \_\_\_\_\_

Check boxes that apply to assist the pharmacist in determining if the prescription should be filled. Attach checklist to hard copy of Rx.

**Yes****No**

1

Valid government photo ID copied and attached to hard copy of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, oncology, bedside delivery, sickle cell patients, and patients known to the pharmacy staff, unless it is required by state regulations.☐☐

2

No prior GFD refusal for **this** exact prescription in patient comments in IC+ profile. If so, prescription must not be dispensed.☐☐

3

Patient has received this prescription from Walgreens before.

☐☐

4

This prescription is from the same prescriber for the same medication as the previous fill.

☐☐

5

3rd Party Insurance is billed (If cash or a cash discount card, use caution).

☐☐

6

Patient does not appear intoxicated or under the influence of illicit drugs.

☐☐

I attest, I have used the Target Drug Good Faith Dispensing Checklist validation procedures to validate the information above:

Technician Initials: \_\_\_\_\_

**Steps for Pharmacist to Complete****Yes****No**

7

If available in your state, PDMP has been reviewed. Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.

☐☐

8

Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.

☐☐

9

Chronic prescription use can be explained and is supported by documentation (ICD 10 code or diagnosis consistent with chronic pain condition).

☐☐

10

Per CDC recommendation, naloxone was offered to the patient in case of an emergency for Prescriptions  $\geq$  50 Morphine Milligram Equivalents (MME). \*Please refer to the Internal Patient Talking Points #10-16☐☐**MME Calculator Quick Reference Guide**

|                                  |                                     |                                 |                                   |
|----------------------------------|-------------------------------------|---------------------------------|-----------------------------------|
| Codeine - 330mg/day = 49.5 MME   | Fentanyl Patch- 20mcg/hour = 48 MME | Hydrocodone - 50mg/day = 50 MME | Hydromorphone - 12mg/day = 48 MME |
| Methadone up to 20mg/day = 80MME | Morphine - 50mg/day = 50 MME        | Oxycodone - 33mg/day = 49.5 MME | Oxymorphone - 16mg/day = 48 MME   |
| Tapentadol - 125mg/day = 50 MME  | Tramadol - 400mg/day = 40 MME       |                                 |                                   |

**Refer to Opioid Dosage Calculator and CDC handout "Calculating Total Daily Dose of Opioids for Safer Dosage"****If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section. If no call is required, complete this form with your signature.***(For Hospice, oncology, and sickle cell patients only: RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)***Notes:**

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures and my professional judgment to review this prescription and I have:

Dispensed: ☐ Pharmacist signature \_\_\_\_\_Refused: ☐ (RPh must inform patient of refusal and make a copy of the Rx for the refusal file folder)

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